

2018/2019 SPLC Homework and Hangout Registration Form

*Please complete the top portion of this form for each child being registered

Child's Full Name: _____ Goes By: _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ School _____ Grade (fall 2018) _____

Child lives with: Both parents _____ Mom _____ Dad _____ Other _____

How will this child be transported to our program? _____

How will this child be transported from our program? _____

Please inform SPLC of child's allergies, dietary needs (snacks will be served), medical conditions, or other special needs if applicable:

Please complete the rest of this form for each registering family

Medical Information

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Preferred
Hospital/Clinic _____

Parent/Guardian Information

Primary Guardian's
Name: _____

Address _____ City _____ State _____ Zip _____

Best Phone Number to be reached at: _____ Home Work Cell

Primary Email _____ (Most Communication will be through email)

Secondary Guardian's Name: _____

Address _____ City _____ State _____ Zip _____

Best Number to be Reached at: _____ Work Home Cell

Primary Email _____ (most communications will be through email)

**Suggested Donation- \$25/child per semester or \$50/year to help cover the cost of snacks and supplies*

Photo Release

I, _____, am the parent or legal guardian of this child, and I am aware that St. Paul Lutheran Church uses pictures of activities (such as Homework and Hangout) for their website, newsletter, and other various publications. No personal contact information will ever be associated with these pictures.

I hereby permit St. Paul Lutheran Church to publish photos of my child.

I hereby *do not* permit St. Paul Lutheran Church to publish photos of my child.

Volunteer

I would like to be contacted by SPLC to discuss how I can volunteer in this ministry.

I would like to donate snacks _____ times per month or _____ times per semester.

Please *do not* contact me for volunteer assistance at this time.

Attendance

St. Paul Lutheran Church requests that you notify the church when your child will be absent.

Parent/Guardian Consent

I, _____, am the parent or legal guardian of this child, and give my consent for my child to attend and participate in Homework and Hangout at St. Paul Lutheran Church.

Signature of Parent or Guardian

Date